

FEE TRANSMITTAL

For FY 2005

Complete if Known

Application Number	10/719,673
Filing Date	November 21, 2003
First Named Inventor	Khosro Khakzadi
Examiner Name	WIENER, Eric A.
Art Unit	2179
Attorney Docket Number	03-1862 / L13.12-0251

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$540.00)

METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (Please Identify): _____

☒ Deposit Account - Deposit Account Number: 12-2252 Deposit Account Name: LSI Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	210	105
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
20	- 20 or HP = 0	x 50 = 0
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
3	- 3 or HP = 0	x 200 = 0
HP = highest number of independent claims paid for, if greater than 3		
		Multiple Dependent Claims
		Fee (\$)
		0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	250	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Notice of Appeal, \$540.00 fee

Fee(s) Paid (\$)

\$540.00

SUBMITTED BY

Signature	/David D. Brush/	Registration No. (Attorney/Agent)	34,557	Telephone: 612-334-3222
Name (Print/Type)	David D. Brush	Date: 3/11/09		